

BRIGHT FUTURES EXAM: EARLY ADOLESCENT (ages 11-14)

NAME:			VISIT DATE: ____/____/____			DOB: ____/____/____ Actual Age:		
MaineCare I.D. #:			<input type="checkbox"/> NO SHOW			Service Location Name and ID #:		
Examiner's Name:			Examiner's NPI #:			Pay To NPI #:		
MARK UNDER APPROPRIATE ANSWER , KEY: Mark NI for normal, Ab for abnormal, or Y for yes, N for No								
(1) CHILD HISTORY			(2) PHYSICAL EXAM			(3) IMMUNIZATIONS GIVEN		
1. General health:	NI	Ab				36. Up to date?	Y	N
2. Illness Free	Y	N	15. WT_____lbs	NI	Ab	37. HPV	Y	N
3. Injury Free	Y	N	16. HT_____in			38. HPV	Y	N
4. Allergies	Y	N	17. BMI : _____ %	NI	Ab	39. Tdap	Y	N
			18. Skin (acne)	NI	Ab	40. MCV #4	Y	N
5. Meds	Y	N				<i>Document vaccine brand below and record in Impact2</i>		
6. Exercise	Y	N	19. Ear	NI	Ab			
7. Sports	Y	N						
8. Diet	NI	Ab	20. Nose					
9. Adequate calcium intake	Y	N	21. Throat					
10. Menses:	Y	N	22. Teeth (caries, injury)	NI	Ab			
11. Family Hx of sudden death	Y	N	23. Neck	NI	Ab			
Family Hx of depression	Y	N	24. Lungs	NI	Ab			
Other:	Y	N	25. Heart	NI	Ab			
12. Parent/Adolescent Interaction	NI	Ab				(6) KEY ANTICIPATORY GUIDANCE		
13. Does parent allow adolescent to be interviewed alone?	Y	N	26. Abdomen	NI	Ab	✓ * = key items		
			27. Genitalia	NI	Ab			
14. Dental appt in last year	Y	N	28. Tanner stage:	NI	Ab	*71. Use seat belt all the time		
			29. Pelvic exam if sexually active	NI	Ab	72. Use bike/ski/skate helmet		
			30. Testicle (discuss self-exam)	Y	N	73. test smoke/carbon monoxide detectors		
			31. Breast (discuss self-ecam)	Y	N	74. Keep home/care smoke-free		
			32. Musculoskeletal	NI	Ab	75. Sun exposure/sunscreen		
			33. Neuro	NI	Ab	*76. Discuss proper athletic training		
			34. Extremities	NI	Ab	*77. Confide in someone whenstressed, etc.		
			35. General hygiene	NI	Ab	78. Teach healthy choices for snacks/meals		
(5) DEVELOPMENTAL /SCHOOL PERFORMANCE [✓ if discussed]						*79. Include iron in diet (ie. meat, greens)		
✓	Social/Emotional Development:		✓	Physical dev. & Health Hazards:		*80. Manage weight through proper diet & exercise		
	49. Best friend			59. Feelings about you appearance? _____		*81. Brush teeth with little or no toothpaste 2x		
	50. Activities for fun: _____			60. Average time watching TV, etc./ wk _____		*82. Sex education; safety, abstinence, ability to say 'no'		
	51. Things good at: _____			61. Smoke		83. Avoid tobacco, alcohol, other substances		
	52. What worries you or makes you angry _____			62. Chew tobacco, cigars		84. Gun/weapon safety		
	53. Feel sad or alone?			63. Drink alcohol		*85. Spend quality time with family		
				64. Take drugs		*86. Practice peer refusal skills		
	Family:			65. Feel peer pressure? How do you handle this? _____		87. Participate in social & community activities		
	54. Who do you live with? _____			66. Started dating?		88. Dental Appt		
	55. How is family relationship? _____			67. Wet dreams/ Started perio/Regular?		89. 5-2-1-0, Avoid Juice/Soda/Candy		
	56. Do they listen to you? _____			68. Any questions about sex?				
	57. How are you doing in school? _____			69. Having sex with men/women/ both				
	58. How often are you absent? _____			70. Use of birth control/condoms				
(4) SCREENINGS if at risk or not done elsewhere								
41. Vision R20/____L20/____	NI	Ab	44. Annual Hct, Hgb (if heavy menses, extreme wt. loss, etc.)	Y	N	48. If sexually active discuss birth control, pregnancy, and STD risk.		
42. Hearing R__L__	NI	Ab	45. High risk hyperlipidemia	NI	Ab			
43. PPD	NI	Ab	46. Teeth	NI	Ab			
If done , result:	Neg	Pos	47. Lipid Results: _____	Neg	Pos			
MaineCare Member Services follow-up needed: [circle as appropriate]arrange transportation/find dentist/ find other provider/make appointment/ Public Health Nurse visit/ other								
ASSESSMENT/ABNORMALS PLAN [refer to line item numbers]								
Examiner's Signature: _____ Date ____/____/____ RTC in ____ months								